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ORIGINAL DEPARTMENT.

LECTURE.

ON THE FORCEPS.

BY WM. B. ATKINSON, M. D.

Delivered at the Philadelphia School of Anatomy,
January 31st, 1877.

This lecture was the second by Dr. Atkinson, auxiliary to the course at this school, and was fully illustrated by the new method introduced by Dr. Atkinson. The pictures are photograph representations thrown on a large screen by the aid of the stereopticon.

The lecturer merely alluded to the history of the first invention of the forceps, and passed at once to the gist of his subject, the importance of a thorough knowledge, by the profession, of the use of this instrument. He dwelt upon the value, both to the mother and the child, of the early employment of this aid. He regards it in the same light as the administration of anæsthetics to relieve pain in surgical operations. He believed that the mother had a better getting up after the early use of the forceps than when allowed to suffer the agony and exhaustion incident to a protracted labor. He believed that much of the objection to the use of this help was caused by a dread imbibed by the student at the lectures in medical schools, and also by the immense mass of verbiage in too many of the books. "Meddlesome midwifery" was a bugbear that had caused the death of many infants, and of women in labor, and the incurable injury of many others. He counseled his hearers to throw to the winds these ridiculous teachings, and bring common sense to bear upon the matter. He quoted

a number of works in which this instrument is mentioned almost with horror, its use to be deplored, its dangers great, etc. He alluded to the results of delay, and then, when the forceps had been applied, these evils were attributed to such application. He felt assured also that the mode of application of the forceps, as described in many of the books, was so confusing as to deter the young and even the old practitioner from having recourse to this invaluable aid until it was imperatively demanded, and then still more time was lost in the search for aid to apply the forceps.

He rapidly exhibited specimens of the various forms of forceps, describing their peculiarities, their mode of employment, their advantages or disadvantages. He believed the practitioner needed but one pair. Of course this pair must be what is known as the long forceps, so that they could be employed whether the head was low down or high up. Each of these points was illustrated both by the stereopticon and the manikin. The forms of forceps known as Elliott's, Simpson's, Wallace's, and Bethel's-Davis were preferred. The latter he had found extremely valuable, by reason of its pelvic curve.

The forceps were required, not merely to save the child, or when the mother was exhausted, but should be employed to shorten the labor, to prevent the beginning of that exhaustion; to avoid the long pressure upon the soft parts of the mother, and the consequent injury, as paralysis of the bladder, with retention of the urine, etc. He regarded their use fully justifiable and demanded just as soon as the labor flagged, or when it was evident that the delivery was becoming tedious. Given a case where all is going

on well but slowly, the woman is likely to occupy an additional hour or two; what advantage in waiting longer, and what objection to the interposition with relief? How often are we asked, "doctor, why did you not help me before?" and we can only reply with some vague excuse, when truly we could advance none that was tenable. It was time that the use of this instrument in obstetrics should take rank with all the other remedies or aids in relieving pain, anxiety, and protecting from danger, both to health and life. With the head presenting, regardless of its position, the pelvis and head having such relations in size as not to preclude the use of the forceps, the os uteri dilated or dilatable, the physician should then apply this help to shorten labor, and allow no unnecessary delay. The lecturer alluded to the rule to wait a certain number of hours, till the ear could be felt; till it is evident that the woman cannot deliver herself, etc., and forcibly showed their inapplicability in the vast majority of cases. He regarded the forceps as effective and safer in cases of rigidity of the perineum, as they aid in its dilatation, and also enable the accoucheur to control the passage of the head, and thus prevent laceration. The fears, so often expressed, of injuring the child or the mother, while applying the forceps, were shown to be unfounded where the physician used even ordinary care. Even the objections urged so strongly against the application of the blades of the instrument within the mouth of the womb were shown to be without force, and that this procedure was frequently rendered necessary in cases of rigid os.

In applying the instrument, he counseled the position on the back as in every way being the most convenient, and giving the practitioner full command of his case. He strongly decried upon the unnecessary amount of obscurity with which the books had invested the whole subject, making a large number of positions of the head, in each of which the forceps were to be applied differently; necessitating the practitioner to make a most careful diagnosis as to the exact position, not always an easy task, too often almost an impossibility and requiring him to recall the special mode of fixing the blades in each of these positions. This was another of the reasons why the physician so often hesitated or delayed in having recourse to this aid.

The lecturer urged his hearers to banish all such points from their minds. To regard the forceps as an instrument employed to extract a more or less globular body from a chamber with a fixed form; the forceps were specially formed to adjust their blades to that chamber or excavation, else, why was the pelvic curve given to the blades. Hence, while the blades would, perhaps, fit best on the sides of the fetal head, yet they should be passed into the pelvis solely with reference to the curve of the sacrum, catching the head as best they might. This plan would greatly simplify the whole matter. Nothing is to be remembered, save the peculiar curve of the pelvis. Valuable time is not lost in vain efforts to determine the exact position of the head. At once, much of the obscurity and difficulty which surround the use of the forceps is swept away. He then demonstrated this view as, not only perfectly feasible, but as being the most correct. He showed the impossibility of doing anything else when the head was high up, especially at or above the superior strait. He showed the ease with which this plan could be followed and the head extracted. He believed that, save when the head was low down, this plan was insensibly followed, even by those who taught otherwise. In so many words, the forceps should be made to follow the curve of Carus, both in entering and leaving the pelvis. The blades then must be passed up along the sides of the pelvis, grasping the fetal head as it might. He exhibited upon the screen how accurately the curve of the forceps was made to follow that of the pelvis. Even some of the authors unintentionally admit this plan while teaching the reverse. The physician in vain endeavors to compel his blades to occupy the position assigned them, and too often delivers with them askew, as he regards it, on the child's head, and feels ashamed to acknowledge what he believes to be due to his incompetency. But he has delivered the woman of her child, and terminated a tedious labor, and quietly keeps his own counsel. The lecturer had repeatedly done this when summoned to a consultation, after the family physician had exhausted himself in efforts to compel the blades to assume their proper position on the sides of the head. Dr. Atkinson assured his hearers that they would experience but little difficulty, in the vast majority of cases, in causing the blades to occupy their correct position in the pelvic cavity, and in making the

forceps lock, if they would but follow his suggestion. He had never yet seen any positive or permanent injury to the child by this plan of action. On this point the lecturer was very emphatic, illustrating in a variety of ways his theory of the forceps as adapted to the pelvis, not to the formation of the head.

Those who insist upon the other method, that where the blades must be placed upon the sides of the head, speak of the movement of the blades in the pelvic cavity as though they could be changed with freedom into almost any position. This is possible only to a very limited extent. A careful examination of this matter with the long curved forceps applied within the cavity of the pelvis of the cadaver, will at once undeceive the student. The miserable buckskin manikin generally employed for purposes of demonstration before a class cannot possibly serve the purpose of correct instruction on this point.

To enable the physician to quiet the fears of his patient relative to the forceps, Dr. Atkinson quoted the instance where, instrumental aid being necessary, the physician employed the long slender hands of a dancing girl, thus showing the forceps to be nothing more than a pair of delicate iron hands grasping the head.

In passing the blades, he spoke of the multiplicity of names, as the upper and lower, and anterior and posterior, male and female, right hand and left hand, as being unnecessary and confusing. The blade first to be applied should be that which, when in position, would be next to the posterior commissure. This was easy of remembrance, and clear of all ambiguity. He then illustrated the passage of the blade, urging again the necessity for remembrance to pass it backward and upward, following the curve. He grasped the blade in his left hand, while his right was passed within the vagina, between the fetal head and the soft parts of the woman, and applying this blade at the aperture, it glided readily backward and upward along the pelvic walls until it had reached the proper position. The other blade was then grasped by the right hand, while the left was inserted between the head and the soft parts, the blade readily passed in the proper curve, and the locking was accomplished almost by the blades when they came in contact. He assured his hearers that locking often appeared impossible, solely because the blades had not been carried sufficiently backward and upward.

It appears like a sleight of hand to see how readily the blades fall into place when this manœuvre is accomplished. Once place the blades on the head and lock them, and slipping need not be feared. In fact, it becomes simply an impossibility. The lecturer explained that this required such a wide separation of the blades that the walls of the pelvis would act as an insuperable obstacle. Slipping can only occur by reason of the blades not being introduced sufficiently far to grasp the fetal head. The action of the forceps was explained to be only that of extraction, with little, if any compression. Compression was not only rarely necessary, but was injurious to the child.

In the act of extraction, he desired to impress all with the fact that this must only be made in the line of the pelvic curve, which was part of a circle of which the pubic symphysis was the centre. The handle of the forceps must constantly rise as the extraction progresses. In illustration of this point, he related cases where the only difficulty in delivery was caused by the failure to remember and act upon this suggestion.

In concluding, he hoped that he had succeeded in so impressing his hearers with the necessity for the more frequent use of the forceps, the ease and safety with which they could be applied, that they would be enabled henceforth to banish from their minds the bugbear which had so long prevented physicians from aiding the delivery of the woman, and thus securing to her a happier and more speedy relief, and insuring a better getting up.

COMMUNICATIONS.

REPORT OF AN OPERATION FOR OVARIAN CYST.

Read before the Lancaster City and County Medical Society,

BY S. T. DAVIS, M. D.,
Of Lancaster, Pa.

On November 25th, 1875, I was requested, by Dr. Livingston, to meet him in consultation at Silver Springs, Lancaster County, Pa., in the case of Mrs. B., whose history I give as elicited at the time, and since kindly furnished me by Dr. Livingston, in writing.

Mrs. S. B., aged 27; native of the place; married; mother of two children, youngest

four and a half years old. * Mrs. B. is the youngest of a family of four children, her family history is good. Began to menstruate at the age of fifteen, always been regular, though painful at times.

Patient states that some time after the birth of her first child she thought she noticed a slight enlargement in the right iliac region, not painful, which disappeared during her second pregnancy.

Dr. Livingston says he first saw Mrs. B. February 25th, 1875—continuing in his own words: "I found her occupying an easy chair; very anæmic in appearance; suffering intense pain in the head and lumbar region; complete loss of appetite; bowels constipated, and the urine scanty and of high specific gravity. Pulse 110, and feeble; abdomen presenting the appearance of that of a woman at the end of the eighth month of pregnancy.

"Patient states the enlargement began about a year and a half ago, in the right side, and increased, gradually. She says she has been under the treatment of two other physicians, who pronounced her disease dropsy, and prescribed active diuretics, without affording her any relief.

"I suspected encysted dropsy, and prescribed elixir of bark, iron and strychnia, under which her general health improved somewhat, but the abdomen was evidently enlarging.

"About this time, three weeks after being first called, Dr. M. S. Davis, of Millersville, and I were passing Mrs. B.'s residence, and I invited him in to examine the case. He did so, and concurred with me as to the case being one of encysted dropsy."

Her present condition, Nov. 25th, 1875, though evidently better than when Dr. Livingston took charge of her case, is one of great emaciation. Abdomen very much enlarged. Dullness on percussion over the whole site of enlargement. The sound enters the uterus to the depth of two and a half inches. The uterus is movable in all directions. More easily toward the left than opposite side. No bulging in Douglas' cul-de-sac.

Diagnosis.—A unilocular cyst, either of the right broad ligament, or an ovarian cyst of the ovary of the same side. The distinct impression made by the wave on percussion inclined us to the opinion that the case is one of serous cyst of the broad ligament. The importunities of the patient to be relieved of her suffering,

and our desire to arrive at a correct diagnosis, caused us to decide to tap her abdomen.

December 18th. We met for this purpose. Found the condition of the patient unchanged, except that her abdomen had enlarged some since my last visit. After withdrawing the urine, I proceeded to tap her in the usual manner, entering the trocar about midway between the umbilicus and symphysis pubis. Drew off, without any difficulty, twelve pints of a clear non-albuminous fluid, specific gravity 1010. Closed the wound with adhesive plaster, applied a compress and bandage; placed the patient on her back, and enjoined perfect quiet.

December 20th. Saw the patient with Dr. Livingston at 3 p. m. She has been quite comfortable since the operation. Abdomen perfectly flat. On examination, no signs of a cyst wall or pedicle can be discovered. We now feel fully convinced as to the correctness of the diagnosis, serous cyst of the broad ligament. Patient says she feels better to-day than at any time since her trouble began.

January, 7th, 1876. Saw patient again, with Dr. Livingston, at 3 p. m. Is quite weak, and complains of a great deal of pain in the right iliac region. A tumor the size of a child's head can be felt through the abdominal walls in this region.

March 4th. Met Dr. Livingston again. The tumor had been gradually enlarging. Patient presents the appearance of a woman in the seventh month of pregnancy. Appetite poor. Bowels constipated and urine scanty, and high specific gravity. Suffers from want of sleep, owing to pain. Anodynes are indispensable now, to insure a few hours' sleep.

Decided to tap her again on the 7th instant. Met at the time appointed, and tapped her as before, introducing the trocar at the same place as at the last operation. The fluid withdrawn was thick, viscid, of a greenish color, and contained such numerous and large floccula of albumen as to constantly clog the trocar—though this was a large one, half-inch diameter—and render it difficult to withdraw the fluid. Eight pints were obtained, leaving at least three pints within the cyst. Closed the wound as before, and after applying a compress and bandage put the patient to bed. The character of this fluid changed the whole phase of this case, inasmuch as it was undoubtedly ovarian. To satisfy myself on this point, I filled an ounce vial with the fluid removed

December 18, 1875, marked it No. 1, and also a similar bottle with the fluid removed at the last tapping, and marked it No. 2, and expressed them to Dr. T. M. Drysdale, of Philadelphia, who deserves a great deal of credit for the zeal he has manifested in the scientific investigation of abdominal fluids, and to whom belongs the discovery, I believe, of the "granular cell." In reply I received the following note:

PHILADELPHIA, PA., March 13th, 1876.

S. T. DAVIS, M. D.

Dear Sir:—I have examined both of the fluids you sent by express. The clear fluid, marked No. 1, is undoubtedly from a cyst of the broad ligament. The second specimen, marked No. 2, is ovarian fluid. Your first tapping probably emptied the peritoneal cyst, which has not filled again, but the ovarian tumor has taken its place.

Yours, very truly,

T. M. DRYSDALE.

After the operation the patient got along without any untoward symptoms, gaining strength and appetite, until about three weeks after the operation, when what seemed to be an abscess formed at the point of entrance of the trocar, and in a few days opened and discharged a portion of the contents of the cyst. Through this fistulous opening air entered the sac, pus formed, and was discharged constantly. The discharge was profuse, thick, creamy, and very offensive. This exhausting process was kept up from the 10th day of April to the 7th day of September, the day of the operation. The tumor remained about the same size, and contained about three pints of pus.

August 23th. I received a note from Dr. Livingston, stating that Mrs. B. was evidently wearing out and sinking under the constant drain from her system, and if anything more was to be tried for her relief, it must be done speedily, or death from prostration would soon close the scene.

I met him on the 30th, and after carefully considering her case in all its bearings, I determined to endeavor to remove the tumor, though fully satisfied that there must be extensive adhesions, and that the prospects of a fatal termination were more than probable. The patient and her friends were made fully aware of the nature and gravity of the operation. Her only reply was that she was willing to submit to anything which had for its object her radical cure or relief. Thursday, September 7th, at 3 P. M., was accordingly fixed for the operation.

Medical gentlemen present, Dr. T. M. Liv-

ingston; Dr. M. L. Davis, of Millersville; Dr. A. J. Herr, of Lancaster; Dr. D. H. Shenk, of Rohrerstown; and Mr. Eli H. Witmer, one of my students.

Condition of Patient.—Bowels moved twice yesterday, after a dose of oil. She weighs about eighty pounds, and is greatly emaciated. Pulse 115 and almost imperceptible at the wrist. Temperature 101° F. No nervous excitement whatever perceptible; is very hopeful, though told she might not live to see another day. The urine was withdrawn by the catheter and the patient placed on the table. Drs. Shenk and Herr administered the anæsthetic, and when the patient was fully under the influence, I pressed about one pint of pus through the fistulous opening, and then began the operation by making an incision along the median line of the abdomen, beginning at the opening and ending at or near the symphysis pubis, through the skin and superficial fascia.

A second incision was then made from the opening to a point just to the left of the umbilicus. The sheath of the rectus was then divided over a director, throughout the incision, and the peritoneum sought for. After several fruitless efforts to distinguish what was peritoneum and what was cyst wall (for, as was supposed before, there was complete adhesion of the parts) the membrane presenting was taken up, the director passed under it and divided, thus exposing what all present decided to be the cyst wall. The next step in the operation was to find a spot where there were no adhesions existing between the cyst wall and the peritoneum. The search after such was in vain—none was found. I now determined to enlarge the abdominal incision, and extended it to the left, and to the extent of two inches above the umbilicus, and again a free cyst surface was sought, without success. The cyst apparently was firmly adherent to everything it had come in contact with. What was to be done? An exploratory incision had been made, and the practice of older and more experienced surgeons told me to close up the wound and leave the patient to her fate. I could see none but a speedy fatal termination as the result of this course. Attempt the enucleation of the tumor with such extensive and highly vascular adhesions! Fatal hemorrhage might take place and death ensue before the operation could be completed, if it were possible to complete it.

I decided to make an attempt to separate the

adhesions, and after much difficulty I succeeded in freeing the upper and lateral portions of the tumor, and withdrew the upper third through the abdominal walls. The hemorrhage, though considerable, was not as much as anticipated, no vessels requiring ligation. I now explored the cavity of the pelvis and sought for a pedicle and pelvic attachments. To my dismay I found the whole mass so firmly bound down that it was utterly out of the question to attempt any further separation of the tumor from its adhesions; one-third of the tumor was thus firmly adherent to the pelvic organs, in fact, inseparable. To add to the embarrassment, a rent in the cyst wall was filling the abdominal cavity with pus. The operation had now lasted forty minutes; the patient was more dead than alive; the radial pulse was scarcely perceptible; the skin was bathed with a cold clammy perspiration, and the assistants were beginning to show, by their anxious faces, that the contest between surgery and death was about to result in a victory for the latter. Here was another dilemma, and no time to spare. The same questions came up as before. Almost without thinking, I called for the clamp. It was Atlee's, too small for my purpose, and I had none other. The next resort was a whipcord ligature, just above the abdominal walls, and the protruding part of the cyst cut off, the stump pressed into the lower angle of the incision, and a strong silk suture passed through the abdominal walls immediately above it. The abdominal cavity was then cleansed of pus and blood, the remainder of the wound was closed with the interrupted suture and adhesive strips passed round the body. The stump was covered with Monsell's salt; lint, moistened with carbolized oil, was placed over the whole length of the wound, a compress and bandage over all, and the patient put to bed, the operation lasting one hour. Ordered thirty drops McMunn's elixir of opium as soon as she could swallow, and brandy, in small, though oft repeated doses, as required.

Dr. L. remained with her until she had recovered from the anæsthetic, and personally administered stimulants, taking notes of her condition at the same time. From the same I copy the following: "5.30 P. M., patient recovered from the anæsthetic; pulse, 80; temperature 98°. Complains only of a burning pain in the wound; gave thirty drops of elixir of opium as ordered. 6 P. M., pulse 92; skin

warm and moist. Gave half teaspoonful elixir opium, and every hour a dessertspoonful of brandy.

9 P. M., pulse, 96; temperature, 98.8°. Ordered the brandy to be given every hour or half-hour as indicated, and the elixir opii often enough to relieve pain and induce sleep, when I left her for the night. [The details of the after-treatment, which was supporting and antiseptic, are omitted.]

October 5. Patient is up and moves about. Is gaining flesh rapidly. Says she feels better than at any time within the last two years. The walls of the cyst are getting so thin as to be barely felt through the thin abdominal walls. The discharge of pus from the fistulous opening at the neck of the cyst has ceased, and the opening in Douglas' cul-de-sac is left to itself.

October 15. The improvement in the general condition of the patient since last report is all that can be desired. No trace of the cyst walls can be detected. The opening in the abdomen is so small as to admit only an ordinary-sized probe, and that to the depth of about one-fourth of an inch. It is filled with healthy granulations, and a few drops of pus are discharged in the course of a day and night.

November 5. The fiftieth day after the operation the patient is discharged recovered. The wound is healed and a dry scab covers it, small in size.

I cannot conclude this report of so interesting a case without calling attention to several important points in its history.

First. Although the fluid obtained at the first tapping had all the characteristics of that of a cyst of the broad ligament, might it not have been ovarian after all? If it was a serous cyst, as I am inclined to think, had the withdrawal of the fluid anything to do with the rapid development of the ovarian tumor?

Second. The complete adhesion of the cyst to everything it had come in contact with; the debilitated condition of the patient; the removal of only a portion of the growth; and the rapid recovery of the patient under the most unfavorable circumstances, furnish additional evidence that the operation is justifiable in any case where the vital organs are in a normal condition, no constitutional taint, and the disease is not of a malignant character. Certain it is that scores of these unfortunates have been abandoned and left to their fate after an exploratory incision had been made.

PNEUMONIA, AND ITS TREATMENT.

BY A. W. LUECK, M. D.,
Of Mayville, Wisconsin.

Pneumonia is so common a disease with us here, in Wisconsin, during the early spring months, that it necessarily attracts our attention. During March, April and May, of 1874, it occurred so frequently in our vicinity that it almost assumed the character of an epidemic. At that time we took especial care to trace our cases back to their origin, and found that none of them were due to the characteristic trait of zymotic disease, to wit: *communicability*. Nor did we observe that there existed one or more focuses of the disease, as it is common to find in those complaints. They were invariably caused by imprudent exposure to the vicissitudes of the weather.

Thus, those individuals were generally attacked who offered less resistance to sudden changes of the atmosphere. Our patients were mostly children and old people, and especially those that were a little out of health. We therefore came to the conclusion that acute, primary pneumonia is not a zymotic disease.

The number of cases that came under our observation during the spring of that year was 72; and during the same time of the next year 17: making in all 89. Of this number 2 died, which gives a mortality of $2\frac{1}{2}$ per cent. Most of these patients suffered from croupal pneumonia; only a few were down with the catarrhal variety. These latter cases were the most obstinate to treat, and the two who died succumbed to this form.

The *symptoms* were those generally observed in pneumonia. A chill, more or less marked, headache and vomiting, generally introduced it. Cough and pain in the chest were often not noticed during the first two or three days, and, indeed, this last symptom was frequently absent through the whole course of the complaint.

The *treatment* of any disease, if it pretends to be rational, will always be according to the pathological views of the physician. Thus, in Europe now, the prevailing faith is, that pneumonia is caused by a specific zymotic poison. This poison, the leading authorities, such as Ziemssen, Juergensen, Liebermeister and others, assure us, weakens the heart; and Juergensen positively declares that death in pneumonia only takes place from failure of the heart.*

* Volkmann's Klinische Vorträge, Nos. 45 and 82.

Now, the treatment that grows out of these views is obvious—to support the heart. They and others, by stimulating diet, cold bathing, and enormous doses of quinine. Thus, the smallest dose that Juergensen gives consists of thirty grains, but he often increases the dose to seventy-five grains. When we observe the drift of opinion around us, we see that there is a great tendency in this country to follow the same practice. We all know, from the *American Journal of Medical Sciences*, January, 1861, how, long ago, Flint treated his pneumonic patients with opium and whisky. Professors Loomis and Alonzo Clark imitate the German practice, and make use of cold water externally, and quinia internally. However, they do not venture above five-grain doses.*

Now, we protest against this treatment of acute croupal pneumonia, as being unnecessarily stimulating, and hence, positively dangerous, in some cases at least, and if not this, it is a cruel usage of the patient and a waste of a precious drug. In the management of this disease we have not adopted such a plan, for we cannot recognize a zymotic poison as the cause of pneumonia. We hold with Hildebrandt and Marcus, that "*frigus unica pneumoniæ causa est.*" Therefore, our treatment is antiphlogistic.

The most reliable antiphlogistic remedies are venesection, tartar emetic, and calomel. The employment of these remedies in pneumonia is not new, but having been abused formerly, they have fallen into discredit lately. We do not bleed our patient because he is suffering from pneumonia, and the next day, if not better, bleed again; and on the third, once more. No! there is a time for venesection, and done at this time it will certainly shorten the course of this disease; and there is also a time when it will be highly injurious.

In regard to the use of calomel, we can express our opinion in the words of Hartshorne, saying: "I do not know of any variety or form of disease in which I should, at the present moment, feel justified in intentionally causing full salivation as a means of medical treatment."†

We will now define more particularly the indications for these remedies. *Blood-letting* will certainly cut short an attack of pneumonia, if employed before the stage of congestion is

* *American Medical Weekly*, Feb. 13, page 403.

† "Essentials of Medicine," page 104.

completed, and later it may still be used with benefit in robust individuals.

Let us consider the effect of the abstraction of blood upon the constitution, and we find that by it we lessen: 1. The fullness of the vessels; 2. The number of red corpuscles; 3. The force of the heart's impulse; 4. The force of the arterial impulse; 5. The excitement of the nerve centres.

Now, no matter what are our views concerning the nature of inflammation, these effects we need in its treatment in every acute form, and especially in pneumonia. For the lungs are situated in such close vicinity to the heart, and, in fact, they are an important link in the circulatory apparatus. Moreover, their substance is more vascular than any tissue of the body, hence they are more easily affected by the heart's action, and suffer more under arterial pressure, than any organ in the animal economy. Therefore, when in the first stage of pneumonia, where we have only a determination of blood toward the lungs, we restrain the heart's action and reduce arterial tension by venesection, we thereby limit the result of this process, to wit, exudation. Now if this limitation is sufficient, the disease is necessarily arrested at once. And if we have already exudation, the less fullness of the vascular system will favor its resorption. We may therefore formulate the indications for bleeding thus: 1. In unnatural fullness of the vessels; 2. In increased force of the heart's impulse; 3. In increased force of the arterial impulse; 4. In increasing dyspnoea.

Often these symptoms are not prominent enough to require venesection. Thus, in those eighty-nine cases of pneumonia which form the basis of these remarks, we only used it five times. This was owing to the fact that we did not see our patients early enough; when we were called the time for the abstraction of blood had passed.

Tartar emetic. This certainly is the most powerful of antiphlogistic (arterial sedative) medicine. We give it to fulfill the same indications as venesection, in such cases where these indications are not prominent enough to call for this latter. To produce the most benefit, it must be given in such doses as are only a little short of producing vomiting. Thus employed, it will soon relax the tension of the circulatory system and produce perspiration. The temperature of the skin becomes lower and the fever abridged.

In order to accomplish these objects more easily we always combine the antimonial with a saline diaphoretic, generally the liquor potassæ citratis. In children with a marked scrofulous diathesis we generally give the veratrum viride in place of tartar emetic. The latter remedy is, however, more certain in its results, and more manageable than the former.

Calomel liquefies, or disintegrates, the fluids and solids of the body. Hence it is eminently useful in the second stage of pneumonia, where we wish to liquefy the effused matter in the lungs. As soon as the physical signs show that consolidation of the lungs begins, we give small doses of calomel, generally the $\frac{1}{4}$ to $\frac{1}{2}$ of a grain every three hours. This treatment is continued as long as the above symptom exists, except there arise obvious contra-indications. Where they show themselves, or in cases where they are present at the outset, we give the iodide of potash in place of the mercury. In children we generally give larger doses of calomel, in order to obtain promptly its antiphlogistic effect, and on this account we also begin with it earlier.

Locally, the employment of blisters and poultices are generally acknowledged to be useful in pneumonia, though lately they are not in fashion with the profession.

Flint, in 1861, reported 133 cases of pneumonia treated without counter-irritation,* and Niemeyer, in his work on practice, mentions only application of cold water to the chest.

Indeed, there are strong objections against blisters and poultices. Thus blisters always interfere with auscultation, and make percussion almost impracticable. Besides, they are apt to greatly agitate a nervous patient.

Poultices are generally mismanaged by country people, and thus are prone to do more evil than good. They are also inconvenient to the patient and to his attendants.

For these reasons we did not use either of them. Instead of blistering, by cantharides, we had the affected side painted twice a day with tincture of iodine, and since the publication of Dr. Corson's little work on pleurisy, we have generally used his croton-oil paint for the same purpose. The effects of the poultice we sought to bring about by wrapping the whole chest in cotton-wool, securing this by a common roller. This roller should be put on in such a way that

* *American Journal of Medical Science*, January, 1861.

it restrains somewhat the motions of the chest; in doing this it keeps the inflamed lung at rest, and rest is always an important factor in the successful treatment of every kind of inflammation. On this account we never allow our patients to sit up early, especially if they are young.

The diet of our patients may be briefly stated to have been, in the beginning of the attack, antiphlogistic, afterward nourishing, and sometimes even supporting.

REMARKS UPON RENAL DISEASES.

Read before the Medical Society of Harford Co., Maryland, November 14th, 1878,

BY R. H. MILNER, M. D.

*** As to an indefinite period of ill health preceding the outbreak of Bright's disease, I think, owing to the very insidious method of its attack, it must be observed but rarely, at least, in the country, except, of course, in acute cases following attacks of acute fevers.

I shall relate two cases from my practice that will illustrate this matter more fully than any general description. I was sent for to see a young lady suffering apparently from nothing whatever but attacks of bleeding at the nose. She was anæmic but had no pain in any part. She complained of nothing but the bleeding, which I then thought might account for the anæmia. I prescribed tincture of the chloride of iron, and did not see her again for several weeks. When called again I was told that she had had something like a fit. This was described as very slight, and I set it down as probably hysterical. I was the more inclined to this opinion from the circumstance that a stepbrother had suffered for many years from epilepsy; many of whose seizures she had witnessed. You all know how apt young females in delicate health are to be thus affected, from what is called imitative contagion. About two months after this she was seized with strong epileptiform convulsions. An examination of the urine showed unmistakable evidence of Bright's disease. The diagnosis then given had not long to await verification. Death ensued about five days after the first convulsion; and a post-mortem examination revealed the small, contracted, or granular kidney. In this case there was no dropsy whatever.

The second case was a lady in pregnancy.

About five days before her confinement she had a severe fall, from which time on she suffered pain in the right hypochondriac region. Two days after the confinement she was taken suddenly with a severe chill, with pain in the hypogastrium; and, in short, suffered an attack, which, from the symptoms, I called metritis. Her condition was, for several days, a very critical one. The depression was extreme; the feet, hands and nose were cold, and the surface pale; at the same time the thermometer gave a rise of temperature of several degrees. During the first three days after the chill there was an increase of the lochial discharge, amounting to a considerable, and even an alarming, hemorrhage. After this stage succeeded several days during which I thought I should lose my patient from a very profuse sweating.

Two weeks later the pain in the right hypochondrium, which had been absent, returned, accompanied by fever, and a very distressing attack of facial neuralgia. Exploration *per vaginam* revealed no tenderness, nor deposits of lymph anywhere in the peri-uterine cellular tissue: but, later on in the progress of the case, by pressing down firmly on the back of the pelvis, carrying the finger high up, some pain was elicited. From all this I diagnosed incipient *psaos abscess*, which diagnosis proved to be correct, at least, so far as the diagnosis of the abscess was concerned.

At about the end of four months from the birth of the child, I opened the abscess. When the case had been in hands about eight weeks, it occurred to me, one day, to examine the urine. There was albumen in considerable quantity, and I found casts in greater abundance than I had ever seen in any previous, and, I may say, in any subsequent, case. From their character I judged the trouble to be acute, as was afterward proved by the entire recovery of the patient.

Treatment directed to the vicarious elimination of urea entirely relieved the neuralgic affection. This I now hold to have been due to uræmia. In this case, also, bear in mind, there was no dropsy. These two cases are instructive in this: that they both differ somewhat from the ordinary type of both classes; the acute and chronic. This distinction of acute and chronic is well shown in these cases, as well in the course, as in their different terminations.

Acute Bright's disease, like acute diseases of

almost all organs, may, and often does, end in perfect recovery. The chronic form is almost always, sooner or later, fatal. But, as in pulmonary consumption, cases differ greatly in respect to their duration; and it may be possible that, in some cases, the degenerative process in the kidneys may stop and a cure result, even in those correctly set down as chronic.

The symptoms of Bright's disease are in most cases referable to regions remote from the kidneys. As a rule, there is little or no pain complained of in the back. In acute cases, a dull pain, or, more frequently, a sense of weight and slight uneasiness, is spoken of; but this is usually only elicited by close questioning, very few patients volunteering the information. It is a popular belief, and I have known physicians to hold this opinion, that the kidneys cannot be affected, since the patient has no pain in the back, and no difficulty or pain in micturition. When dropsy is absent, we should suspect renal disorder when there is a general failing of health without any well-marked symptoms of other local or general trouble, with anæmia and a feeling of fatigue, and sense of increasing weakness. In all such cases we should never omit to make careful and frequent tests of the urine for albumen; and, should it be present or not, we should look for renal tube casts.

It is now well known that cases occur in which no appreciable amount of albumen can be found, but in which casts are found. It is also equally well known that in many cases in which the urine temporarily or permanently contains albumen, the kidneys are not, at least primarily, in fault. Basham gives the following list of diseases in which albumen appears in the urine.

Group 1.—Albumen permanently present; acute albuminuria (acute Bright's disease); chronic albuminuria (chronic Bright's disease) in every form; being significant of inflammatory, granular, fatty, amyloid and dropsical degeneration of the kidneys.

In cases of cardiac or pulmonary disease, with dropsy, from obstruction of the circulation through the kidneys; in valvular diseases of the heart; in chronic bronchitis; emphysema, with cardiac dilatation; in calculus and tuberculous diseases of the kidneys, with purulent urine.

Now, it is easy to understand how, in the diseases just enumerated, if albumen is present,

it must be permanently so; the disorders themselves all having the character of permanency. It is not difficult to understand how they give rise to albuminuria, since they all must cause renal engorgement to a greater or less extent.

Group II.—Albumen temporarily present in many blood-poisons; in scarlet, enteric and typhus fevers; in diphtheria, in erysipelas, in severe pneumonia, in cholera, and in seminal emissions. It is associated with blood or pus in nephritis, in all cases of hematuria, from the action of turpentine or cantharides; after the ingestion of certain articles of diet; disordered digestion from eating shell-fish, crabs or lobsters, etc.; in purpura hemorrhagic albumen may appear in the urine, without blood.—*Dr. Parkes.*

I wish your attention to the class of disorders first mentioned in group II, viz.: the so-called idiopathic fevers, and other acute affections. In just these cases I think we are most liable to overlook the renal complication, which may be, and no doubt often is, a most important one; for I know that, in some of them, the albumen means renal engorgement, and that, in almost all, the microscope will reveal hyaline and epithelial casts. In some, indeed, it is found that, although albumen is not present, at least, in appreciable quantity, microscopic examination shows an abundance of casts, as was the case with a patient of Dr. W. W. Viridin, of Harford Co., Md. The patient, a laborer, past middle life, came home from his work with an injured hand. Shortly after his return he was taken ill. The attack resembled enteric fever, the temperature being that usually seen in this disease. Diarrhœa and tympanitis were present in marked degree. Before the end of the first week, and therefore before the time for the appearance of the characteristic rose-colored spots, the temperature suddenly fell to about the normal standard. Still, the patient's general condition was no better; he lay in deep coma, which could in no way be accounted for, after a careful examination into the state of the vital organs, so far as this examination could be made by physical exploration. The Doctor now concluded to examine the urine; the result of the test for albumen was negative. If albumen was present, it could not be appreciated. A microscopic examination showed a great many epithelial, hyaline and fatty casts. The case looked very unpromising, but a carefully instituted treatment, directed to the elimi-

nation of urea, through other channels than the kidneys, together with proper attention to those organs themselves, brought about an entire recovery, with a total disappearance of all renal and other symptoms.

A case in my own practice was not so happy in its termination. My patient was a woman about forty years of age, who, after an illness of about three weeks, suffering from both renal and hepatic derangement, died while I was with you at our meeting in August. I at first looked upon and treated the case as one of malarial fever. There was a history of chills, followed by fever. Jaundice soon set in; and an examination of the urine gave not only the reaction of biliary coloring matter, but also the characteristic signs of acute renal engorgement, namely, albumen and casts. This is the only case I have as yet seen, of undoubted hepatic and renal trouble complicating each other. It is quite possible that I may have overlooked the former in some cases. My patient was delirious the greater part of the time, and was resolute in refusing the most important of the remedies; those, namely, of the hydragogue cathartic class, because of the nausea they caused; and as she was at all times the master of the house, her husband, who was her only attendant and nurse, had to yield in this, as in other matters.

Now, gentlemen, I think you will agree with me that we cannot dispense, even in acute diseases, with an examination into the state of the kidneys.

In acute cases, some of the symptoms that should lead us to look to this are coma, delirium and headache, or neuralgic pains. Of course, convulsions, coma and delirium may be due to a very high temperature, but I have seen delirium more troublesome after the temperature had fallen to the normal point, and below, at the end of an attack of enteric fever. Should such a case ever again fall into my hands, I would, as quickly as possible, examine the condition of the urine.

—At Albany, Oregon, a few weeks ago, a bag of arsenic was found fastened to the mouth of the court-house pump, in such a way that all water drawn from the pump would have to percolate the bag and be infected with the poison. One of the principal schools in the city draws its supply of water entirely from that pump; so that, had the danger not been discovered in time, there would have been widespread sickness, if not death, among the young people.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR DISEASES OF WOMEN, FEBRUARY 9TH, 1877.

BY PROFESSOR T. GAILLARD THOMAS.

Especially reported for the MEDICAL AND SURGICAL REPORTER.

Chronic Ovaritis.

The first case to which I invite your attention this afternoon, gentlemen, is Mrs. Ann S., colored; over thirty years of age, and sterile. On questioning her, we find that she has been married eleven years, but that up to four years ago there was no symptom present in her case, except the sterility. At that time she began to have a fixed pain in the right side, which has never left her, and we find that, in addition, she is now suffering from dysmenorrhœa (the pain coming on before the appearance of the catamenial flow), back-ache, leucorrhœa, and marked irritability of the bladder. Now what is the diagnosis? This can only be accurately determined by physical exploration, in order to see whether there is any condition present that will account for the above symptoms. On making an examination per vaginam,* the patient being on her back, we find the cervix uteri normal in character and position, but that the body of the organ is bent forward; and by the use of enjoin manipulation (one hand being placed on the lower part of the abdomen), we can distinctly map it out in the position of well-marked ante flexion. We are utterly unable to straighten this uterus; but just why this should be so, is not very evident. On continuing our examination we find on the right side of the uterus a hard mass, about the size of a horse-chestnut, which is movable, and excessively tender to the touch. The ovary cannot be felt on the left side. Now, placing the patient on her side, and introducing the uterine sound, bent to the proper curvature, we find that it is still quite impossible to reduce the flexion (or, at least, not without using more force than we would be justified in doing.) The diagnosis is, then, chronic ovaritis, with displacement, and irreducible ante flexion of the uterus. The ante flexion has probably existed ever since the patient was a young girl, but seems to have given rise to no trouble (except the sterility), until four years ago, when she must have had an attack of acute ovaritis (right), accompanied by displacement of the organ. We have, then, quite enough to explain all the symptoms of which the patient complains, viz.: dysmenorrhœa, pain in the right side, back-ache, leucorrhœa, and irritability of the bladder.

* Patients are never examined before the class at Professor Thomas' clinic, unless there is some condition present which can be readily distinguished at a distance, such as an ovarian tumor or proclivita of the uterus.

Now, as to the prognosis. This is very important when you are able to cure your patient, but it is of tenfold greater importance when you cannot do this. Why? Because it prevents the individual, if your advice is taken, from undergoing a long course of useless treatment and incurring much unnecessary expense. It is always the best course, in such cases, to tell your patient frankly that you cannot cure her; though sometimes this is a disadvantage to the physician, as she may go to some other medical man who will promise great things for her, and for the time being you will be thought to know very little about your profession. In the present instance nothing can be done except to regulate the patient's life, and warn her to avoid treatment which would probably do her a great deal more harm than good. She should be instructed to make use of warm vaginal injections, and to remove all weight from the flexed uterus by wearing her clothing suspended from the shoulders. In addition she might take such general tonics as are indicated, and she ought, if possible, to have complete rest at the time of her monthly periods.

Anteflexion and Sterility.

CASE 2.—Mary B—, aged twenty-five years. She has been married three years, and is sterile. She says she was perfectly well up to the time of her marriage, but has not enjoyed good health since then. She suffers most from dysparemia, and also has marked, though not constant, dysmenorrhœa. Sometimes she has little or no pain at her menstrual periods, and sometimes it is excessive. In addition, she complains of slight back-ache, leucorrhœa, and irritability of the bladder. On making a vaginal examination, we find that this uterus is also anteflexed, but, in contrast to the other case, the anteflexion is readily reducible. The cervix is quite painful to the touch, and thus the dysparemia is accounted for by its engorged and neuralgic condition, the neuralgic element being consequent upon the hyperæmia engendered by the anteflexion.

The cervical congestion also explains the leucorrhœa, and the dysmenorrhœa is dependent on the sudden bend in the course of the uterine canal, which, at each period, dams up the menstrual blood for a time. The back-ache noted is due to the same causes which give rise to it in almost all uterine cases. Finally, the sterility is accounted for, not only by the anteflexion, but also by a distinct stricture at the os internum, which is detected in passing the uterine sound.

The prognosis, unlike that in the last case, is altogether favorable, and I do not hesitate to say that the patient can probably be perfectly cured of all her symptoms, for here the anteflexion is entirely reducible, and we have no prolapsed and chronically inflamed ovary to complicate the case. The treatment will be as follows: first, a hard rubber anteflexion pessary, of proper size (a very small one is needed here), will be carefully adjusted, and then once

a week this is to be removed and thoroughly cleansed, while the stricture of the uterine canal is to be distended by sounds of graduated size. The patient will, no doubt, be entirely cured if she attends faithfully to the treatment; but the sterility will not probably cease before at least eighteen months or two years, on account of the long-existing cervical catarrh present.

Do not give too much hope of child-bearing in these cases, for not infrequently, after every apparent obstacle to it has been removed, the sterility still persists.

Uterine Subinvolution.

CASE 3.—Mary M., aged 25, a native of France. She has been married more than three years, but has never given birth to a child at full term. Ten months ago, however, she had a miscarriage at about the fourth month, and she says she has never been well since. The principal thing that she complains of is a pain, seated, as she expresses it, "over the womb and running through to the back." She never misses a monthly turn, but the menses do not always appear exactly on the day anticipated (a matter of no consequence whatever). She loses less blood now than formerly at her periods, and immediately after the flow ceases she suffers from a severe pain, which continues for two weeks, and is always accompanied by a leucorrhœal discharge. This post-menstrual pain, you will find, is very rare indeed. There is another form of so-called dysmenorrhœa, in which the pain occurs at a certain period between the catamenial epochs, but this inter-menstrual pain is in reality a neuralgia, and ought to be classed as such. She suffers from constant irritability of the bladder, and has to get up two or three times every night to void her urine. An examination *per vaginam* reveals the fact that the uterus, slightly antverted, is in a much lower position than normal, and is pressing forward upon the bladder. We find that it is also very large and flabby, and that the external os is quite patulous. Anticipating that fungoid degeneration of the mucous membrane of the uterus might be present, one of my assistants has carefully explored the cavity of the organ with a copper wire curette, but with a negative result.

Here, then, is a patient who was perfectly well, up to ten months ago, when she had a miscarriage, which has been followed by the above results. Subinvolution is, therefore, our diagnosis, by which term I would have you understand a statement of the condition which gives rise to, and satisfactorily accounts for, the phenomena present in any particular case. Many authorities would say that this patient is suffering from chronic metritis, but that is an expression which covers almost as much ground as hysteria, and ought to be discarded. For some reason or other, which it is impossible now to determine, the involution of the uterus after the miscarriage was interrupted, and the organ remained permanently enlarged, with its

lining mucous membrane engorged with blood. The ovaries, also, were left much congested, and on account of their increased weight both have fallen down into Douglas' *cul-de-sac*, where they can be distinctly felt, somewhat enlarged and extremely tender to the touch; a fact which was not mentioned when the results of the vaginal examination were stated.

Subinvolution is a very difficult condition to cure, but we will put the patient on the following course of treatment: all superincumbent weight must be removed from the uterus, and she must be instructed to attempt no heavy work, and to rest during her menstrual periods. She will be ordered to make use of hot vaginal injections which contain a small quantity of some appropriate astringent, not for the purpose of curing the leucorrhœa which has been noted, but in order to prevent the vagina from becoming more flabby and relaxed than it is, and thus permitting the uterus to fall lower down. Internally she will be given ergot, in small doses (to avoid the nausea which it so frequently produces); though I must confess I have not much faith in its efficacy in these cases. Ergot, as you know, has a marked effect on uterine fibroid and in arresting hæmoptysis, and as it is the only drug whose action is directly upon the uterus, it is worth while to give it a trial, at all events. In addition, she will wear a simple soft-rubber ring pessary, to act as a splint to the uterus, and take off some of the strain from the ligaments; and later on in the treatment a current of electricity, from a constant battery, will be passed through the organ (on account of its tonic and alterant effect), one electrode, in the shape of a cup, receiving the cervix uteri, and the other being placed on the abdomen. Relief in this case will necessarily be slow, but may perhaps be complete. For a perfect cure, however, we can only look to another pregnancy. The uterus would thus be given another chance for itself, and it is probable that, under more favorable conditions than before, complete involution of the organ might afterwards be accomplished.

Cessation of Vaginal Involution.

CASE 4.—Jane M., aged twenty years. Has been married eighteen months, and seven months ago gave birth to a child at full term. She says that one month after her confinement she began to have a feeling of "bearing down," which has continued uninterruptedly up to the present time. This is the only symptom of which she complains, but it is one that should put you on your guard; for there must be something seriously wrong with a patient who is thus affected continuously for so long a time. A vaginal examination at once reveals to us the source of her trouble. The uterus, not in a state of subinvolution, like that of the last patient, as we might perhaps have anticipated, is found to be entirely normal in size and condition; but the perineum is completely gone, and the shape of the posterior wall of the

vagina, instead of being that of the letter C, as it ought properly to be, now resembles the letter S. The normal and necessary support of the uterus is thus withdrawn, and in a little while, if the case is not interfered with, we shall have complete procidentia. Moreover, we find that the destruction of the perineum has completely stopped the process of involution in the vagina, which is now very flabby and utterly worthless for any purpose of support. In a little while longer we should have both cystocele and rectocele, in addition to the procidentia. Such a state of affairs it is exceedingly melancholy to look forward to; and it would seem particularly important that in the case of our young patient, who has but just entered upon her married life, it should be averted, if possible. If she does not consent to put herself under treatment, I will guarantee a life of misery, both to herself and to her husband.

This is undoubtedly the most hopeful case for treatment that we have seen to-day; for we can expect a good result with decidedly more confidence than in any of the others. It is true the subinvolution of the vagina cannot be removed, but the vagina can be perfectly supported by restoring the perineum. This is the only thing that can be done for our patient, and I would advise that the operation should be performed at once; for the evil influences before alluded to are not simply continuing, but they are increasing every day. The restoration of the perineum would completely put a stop to all further trouble. It is useless to say, in these cases, that the rupture of the perineum should never have been permitted. This is an accident which, under certain circumstances, it is quite impossible to avoid; but while we should, of course, make use of every means to prevent it, its occurrence need not trouble us greatly, since it is in our power to completely obviate all the evils arising from it, provided the operation is undertaken in time.

The Etiology of Splenic Fever.

In an article given in the *Quarterly Journal of Microscopical Science*, Dr. Koch draws attention to the similarity of splenic fever to typhus and cholera. It presents analogies to typhus in its dependence on soil-water, its preference for low ground, its sporadic occurrence throughout the year, and its development into an epidemic in the late summer and autumn. Like cholera, again, it is connected with soil-water, and it also agrees with cholera in the point which has been so well made out by Pettenkofer, that on board ship an interval of three or four weeks is sufficient to prevent its further development. Hence, Koch is disposed to hope that the contagium of typhus and of cholera may still be discovered in the form of some schizophyte or spheroidal bacterium, though practiced observers have hitherto sought for them in vain.

EDITORIAL DEPARTMENT.

PERISCOPE.

Case of Extra-Uterine Gestation.

Mr. Thomas R. Jessop, F. R. C. S., Honorary Surgeon to the Leeds General Infirmary, reports an interesting case in the *Lancet*, November 4th, 1876:—

The patient was a married woman—mother of one child, twenty-six years of age, and of previous good health. * * * *

The diagnosis of extra-uterine foetation having been ascertained, and the case admitting of no further delay, Dr. Jessop, on the morning of August 14th, 1876, and near the thirty-third week of utero-gestation, performed the operation in question.

The patient was placed under ether, and, after emptying the bladder, an incision was made in the linea alba, six inches in length, with the umbilicus in the middle of the wound. On reaching the abdominal cavity the back of the child was seen, covered with cervix caseosa, with the omentum lying like a cape over the head and shoulder. The cord, which was in full view of the wound, was tied, and a large well-nourished female child was removed from the abdomen. The child at first breathed so feebly as to give rise to some alarm, but an hour later it had acquired normal respiration. Its subsequent history is of importance no further than that it revived and flourished, until, in its eleventh month, it died of croup and pneumonia.

To return to the mother. The placenta was found lying like a coverlid over the entrance to the pelvis, and especially attached to the rectum and posterior abdominal wall. This fact was ascertained with the most jealous care, lest any rude manipulation should detach any portion of it. In the abdominal cavity some serum (a pint) was found, and feeble bands of lymph here and there distributed upon the intestines. The wound was dressed with six silver wire sutures, with as many intervening of silk, and the lower part of the wound, from which the umbilical cord was permitted to protrude, was dressed on the principle of the pedicle in ovariectomy. The clamp used is the invention of Mr. Gough, and while it is not described, its excellence is commented upon by the surgeon.

The care bestowed upon the case in the after-treatment is deeply interesting. The patient was left in the operating room, and upon the very table used in the operation, for four days, lest removal should diminish the chances of recovery. She was nourished by judiciously administered enemata for a week before the stomach could retain anything but bits of broken ice. Morphia was given hypodermi-

cally for about six weeks. During the month following the operation the character of the discharge from the wound betokened the removal of the placenta, but during the second month the character of the discharge gradually became normal and small in quantity, when, at the expiration of two months, it healed, and the patient was soon dismissed.

The article is quite lengthy, and enters into the literature of the operation, and will repay a careful perusal. Lest any one should ascribe the recovery to the skill displayed in the management of the case, the eminent surgeon is particular to point out that there were no complications to embarrass him. O. H. A.

On Goa Powder.

The following remarks on this subject are by Dr. H. R. Crocker, in the *Lancet*:—

The botanical name of the plant from which it is derived is not known, but it has been referred to different species of *Centralobium* and *Cæsalpinia*, growing in Brazil. They all contain the large proportion of eighty per-cent. of chrysophanic acid, easily obtained by exhausting with hot benzole, its best solvent, when the acid is evaporated as a yellow granular powder. Another, more wasteful, method is by sublimation, which yields a comparatively small quantity of yellow moss-like crystals.

The first cases were treated by painting on the patches a saturated solution of chrysophanic acid in benzole, which retains ten grains to the ounce in the cold. Cases of *tinea circinata* were cured by this in about half a dozen applications. Other cases were treated with an ointment consisting of chrysophanic acid, twenty grains; acetic acid, twenty minims; simple ointment, one ounce, according to the formula of Dr. Lima.

In India it is generally used made into a paste, with vinegar or lemon-juice, as mentioned by Sir Joseph Fayrer. The powder from which the acid was obtained was supplied by a city firm. After I had treated a few cases in this way, I received, through the kindness of Dr. Ringer, a canister of *Poh de Bahia*, sent direct to him from Bahia by Dr. Paterson. This was used in all subsequent cases, made into an ointment of the same formula as that above, the powder itself being employed instead of the chrysophanic acid, which existed in this specimen, according to the analysis of Mr. Gerrard, the hospital dispenser, in the proportion of eighty-two per cent. In a few cases an ointment of forty grains to the ounce was employed, and in all it was directed to be well rubbed into the patches every night. The presence of the fungus was in all cases established by the microscope before the application was com-

menced, and frequent microscopic examinations were made in the course of the treatment.

The following are the results obtained:—

Of nine cases of *tinea circinata* in various parts of the body, as the arms, neck, and face, all were cured in a week or ten days, in some a single application being sufficient. Some of these had had the disease several months, and had had other treatment.

Of *tinea tonsurans* twenty cases were treated, but the results were by no means so satisfactory; in most of them other remedies had been tried, and the disease had existed for some time. When *tinea circinata* and *tinea tonsurans* occurred together in the same case, the ringworm on the body was readily cured. Of the whole twenty, two were cured completely, one in six weeks, the other in two months. In seven there was certainly improvement—that is, where there were several patches some were cured, but in the other patches the hairs were still diseased. The remaining eleven cases were only slightly improved, though the treatment was kept up for at least three months, and even longer.

On Diphtheritic Paralysis.

At a meeting of the Medical Society of London, January 29, Dr. Dowse read a paper on diphtheritic paralysis. He spoke in reference to the history of this disease, its etiology, diagnosis, prognosis, treatment, and pathology; he collected from more recent authors their various opinions, and explained by numerous examples how insidious the attacks of this form of paralysis really are. Sometimes it involves the muscles of the throat alone; at other times, merely the muscles regulating the ocular accommodation are affected; whilst, in some cases, every muscle of the body is brought under its influence. Dr. Dowse said that in his experience it was impossible to state with any certainty in what patients paralysis was likely to supervene an attack of diphtheria, and *vice versa*; neither had he been able to trace in the constitution of patients any especial idiosyncrasy which rendered them more prone to the paralyzing influence. He first spoke of the altered condition of the blood in diphtheria, and the relationship of the paralysis to albuminuria; the periodicity of the paralysis, its nature in reference to motion and sensation, the migratory character of the latter, which made it resemble in some respects hysterical paralysis. He considered, although the disease was one which usually terminated favorably, that there were four remedies of great value in treatment, viz., nutrition, rest, the injection of strychnine, and the use of the galvanic continuous current. In bad cases he invariably fed the patient repeatedly through the day, by means of the nasal tube; this gave what was of the highest importance—rest to the palsied muscles. One-twelfth to one-sixth of a grain of strychnine was injected subcutaneously every day, and the continuous current applied to the spine and the palsied muscles.

Lastly, Dr. Dowse spoke of the pathology of this disease. For his own part, he quite agreed with MM. Charcot and Vulpian, that the paralysis was more or less reflex than central; that an advancing neuritis extended from the nerve periphery throughout its trunk; and he thought the theory quite admissible in reference to the palatine muscles, and that its extension would be accounted for by the direct anatomical connection between the spheno-palatine, otic, and Casserian ganglia.

Paralysis Treated by Nerve Stretching.

The *Aerztliches Intelligenz-Blatt*, No. 8, 1876, reports the following case:—The patient, a Polish gentleman, aged 35, had for eleven years suffered from paraplegia, the result of an injury in the sacral region. There had been an almost total loss of sensation, while voluntary motion was completely annihilated. The bladder and rectum were affected, and incontinence of urine followed. After administering chloroform, the following operation was performed. A curved incision was made in the right groin, over and along the course of Poupert's ligament. The fascia was divided, and the anterior crural nerve exposed and separated from the vein and artery. The operator hooked his finger under the nerve, and raised it with such force that the foot was moved. He then seized it between the thumb and finger, and made traction downward, until it appeared to be elongated. The inguinal wound having been carefully dressed, a longitudinal incision was made on the same side, midway between the *tuberischii* and the great trochanter, so as to expose the sciatic nerve, which was also elevated from its bed and pulled forcibly upward and downward. These operations were followed by the immediate cessation of the spasmodic movements with which the limbs had been affected since the time of the accident, on the side on which the operation had been performed. The wounds healed rapidly, and the operation was repeated on the left side in a fortnight, with the most satisfactory result. The relief afforded was complete, and the patient, who for years had been confined to his bed, was subsequently able to get up and move about on crutches, the paralyzed limbs being furnished with mechanical support.

A New Suggestion in Transfusion.

The *London Medical Times and Gazette* quotes from the *St. Petersburg Medical Wochenschrift*, that Drs. Istomin and Welikij, of St. Petersburg, observe that a great obstacle to the success of transfusion is the coagulation of the blood transfused, and the formation of thrombi. They have, therefore, instituted experiments to ascertain how far this may be obviated by employing the vessel of a living animal as a canula. For this purpose a portion of the jugular or femoral vessels was cut out from a living animal and passed into a glass tube four or five millimetres shorter than the excised portion of

the blood-vessel, the ends of which were secured to the tube by silk threads. As a means of comparison, a similar glass tube was employed without having the blood-vessel attached to it. Another plan was to cut out large portions of the blood-vessels, and only to arm their free ends with glass tubes. The last plan is most suitable when venous blood is employed, and this the authors prefer to arterial. The experiments showed that while blood on entering the simple glass tubes immediately formed small coagula, that which passed through the "living canula" remained fluid, provided that no lesion of the inner wall had taken place, which would give rise to coagulation. The blood-vessels thus removed from the animals retained their power of maintaining the fluidity for an hour and a half. During the experiments the stream of blood was often interrupted, and again allowed to flow, without any coagulation being induced, while the whole calibre of the simple glass tube became blocked up in seven minutes.

Suggestions for the Cure of Aneurism.

Dr. Horace Dobell makes the following suggestions in the *British Medical Journal*, February 3d:—

I wish to submit to the consideration of surgeons a simple suggestion for the safe and rapid cure of aneurism. It is, to stop the circulation above and below the aneurism, and substitute for the fluid contents of the sac a substance insoluble in blood, solid at the temperature of the blood, fluid at a temperature low enough to allow of its being safely brought into contact with living tissues, and changing from liquid to solid without fail and with great rapidity, and which at the same time is light, innocuous and unirritating. All these conditions are completely answered by either spermaceti, melting at 120 degrees, or stearin, melting at 130 degrees; and I submit to the consideration of surgeons whether there is any practical reason why an aneurism should not have its fluid contents withdrawn by an aspirator and their place filled by melted spermaceti or stearin. Either of these substances would so rapidly and permanently solidify *en masse* as to be absolutely free from the danger inseparable from either "active" or "passive" clots being washed away when the blood current is again allowed to flow; and the time occupied in their solidification would be so short as to remove all danger of damage from arrested circulation in the parts below the aneurism. I need scarcely add that the subsequent blocking of the artery above and below the aneurism will, of course, go on as usual.

Salicin and its Congeners.

A report of a number of observations with salicin, salicylic acid and the salicylates, was read before a recent meeting of the Clinical Society of London, by Dr. H. Weber. In com-

paring his own experience with that of others, he arrived at the following inferences: 1. That salicin and its congeners are powerful antipyretics, equal to quinine, with the exception of the effects of the latter on ague, against which they are comparatively powerless. 2. That they are of more general value in the treatment of rheumatic fever than any remedies hitherto tried, although they are not applicable in all cases, and thus not always able to prevent complications. 3. That their antipyretic influence may be usefully employed in other febrile diseases, such as typhoid fever, in combination with other modes of treatment, such as alcohol and bathing. 4. That their use is occasionally attended with accidental symptoms, some of these being unimportant, as noise in the ears, various degrees of deafness, giddiness, nausea, abundant perspiration, and possibly a cutaneous eruption; while others are graver, such as vomiting after every dose, delirium, and collapse, pointing to the necessity of caution and watchfulness, especially in states of weakness of the heart and exhaustion. 5. That there is no essential difference in the action of the three remedies mentioned; but that salicylate of soda, being more soluble and more easily absorbed, exercises a more rapid effect, but requires to be given in somewhat larger doses than either salicin or salicylic acid; that among the two latter salicin possesses in so far the preference, as the taste is less disagreeable, and as it is more soluble than salicylic acid, which, in its undissolved condition, seems to be able to give rise to local irritation of the mucous membrane of the fauces and stomach.

Treatment of Leprosy.

The Committee of the College of Physicians, London, lately reported on this subject. The report stated that as regards the "Beaupurthuy" system of treatment, or that by cashew oil, the conclusions drawn by Dr. Gavin Milroy, as the result of his personal investigations in the West Indies, still represent the best information on the subject. These conclusions were to the effect that the remedy diminishes or disperses for a time the local tubercular formations, especially in the earliest stages of the disease, but that the coincident general improvement is in great measure due to the hygienic measures and liberal allowance of fresh food prescribed at the same time, and that there is no proof that the oil is capable of effecting a decided cure. As regards gurjun oil, the College consider it a remedy of considerable efficacy in modifying local conditions, and apparently in improving the general health of the leper, but they affirm that in the case of cashew oil there is no sufficient evidence to show that it possesses any real curative properties. The report concludes with a most important recommendation, which runs as follows:—"The College is of opinion that in many cases in which medicines have been used with apparent good effect, the favorable result

has really been due, in great measure, if not entirely, to the improved general hygienic conditions in which lepers have been placed; and the College would strongly urge that the attention of Government should be especially directed to this important consideration. It decidedly recommends that lepers should be placed under the immediate charge of the Government, in hospitals or asylums properly provided for that purpose, and in which they should receive adequate attention so far as concerns the observance of cleanliness, and the provision of proper food, clothing, fresh air, regular exercise and occupation, and where the real value of any system of treatment, such as those under consideration, might be submitted to careful investigation under the observance of competent medical men."

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. F. H. Davis, of Chicago, is convinced that he has found very decided benefit, in phthisis, from the use of extract of malt. His conclusions are given in a paper reprinted from the *Transactions of the American Medical Association*.

—A full term extra-uterine gestation is an almost unique occurrence. One such is described by Dr. A. Sibley Campbell, of Augusta, Ga., in a pamphlet he has sent us.

—Dr. Lewis Sayre's very able report on Pott's disease of the spine has been reprinted from the *Transactions of the American Medical Association*.

—Dr. Edward R. Squibb, of Brooklyn, New York, has published a thoughtful pamphlet, full of suggestions, entitled, "The American Medical Association and the Pharmacopœia of the United States of America;" also, a "Report to the Medical Society of the State of New York on the Fifth Decennial Revision of the Pharmacopœia." All interested in this important subject should apply to Dr. Squibb for copies of these publications.

We have received copies of the following:—

Annual Reports of the Northern Dispensary, Philadelphia; the Kentucky Infirmary, Louisville; the Pennsylvania Hospital for the Insane; the Pennsylvania Institution for the Instruction of the Blind; of the Board of Health, Reading; the New York Ear Dispensary; the Registration Report of Rhode Island.

BOOK NOTICES.

The Microscopist: A Manual of Microscopy, and Compendium of the Microscopic Sciences, Micro-Mineralogy, Micro-Chemistry, Biology, Histology and Pathological Histology. Third Edition. Rewritten and greatly enlarged, with 205 illustrations. By J. H. Wythe, A. M., M. D., Professor of Microscopy and Biology in the Medical College of the Pacific. Philadelphia, Lindsay and Blakiston, 1877. 1 volume, cloth, 8vo., pp. 259. Price, \$4.50.

The microscope, as an aid to precision in diagnosis, has become literally indispensable to an enlightened physician. Yet, beyond the rudiments of microscopic science, the ordinary education of a physician rarely extends. The author, in the volume before us, as his title intimates, teaches the use of the instrument, not only in pathology, but also in physiology, chemistry and mineralogy. He is terse and clear in his description, and one is surprised to find how much information he has condensed into his chapters. Although it is true that there is not much that is new in his pages, and very few results of original investigations are given, as a summary of the present state of microscopy and a condensed presentation of the facts that the student of it should learn, the work deserves to rank very high.

The illustrations are numerous, very well cut, and very well printed, the most of them in colors. Twenty-seven full-page plates are inserted, representing chiefly the lower forms of organic existence. One chapter of the book and three plates are devoted to "The Microscope in Pathology and Practical Medicine." Cancer cells and urinary deposits are the principal objects represented.

A Series of Clinical Lectures. Edited by E. C. Seguin, M. D., vol. ii, Jan.-Dec., 1876. New York, G. P. Putnam's Sons, 1877. 8vo, cloth, pp. 340. Price, \$4.

The various lectures which form this volume have mostly been noticed in these columns at the date of their appearance. Reviewing them again as they are here presented in book form, we cannot but regard the collection as highly creditable to the American profession. The subjects are varied, and the handling of them able. It is an enterprise which deserves continued support.

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D. G. BRINTON, M.D., EDITOR.

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THE PENNSYLVANIA MEDICAL ACT.

It is known to most of the profession of this State, that the Medical Bill, approved April 12th, 1875, turned out quite incomplete and unable to attain the excellent objects for which it was designed. The REPORTER contained the rulings of the Court which exposed its inadequacy, and we need not now refer to them.

Another bill has been prepared and submitted to the legislature at the present session. It is "Senate Bill, No. 89," and although the text may undergo some modifications before it becomes a law, we think it as well to submit its provisions at once to our readers.

It repeals the act on the same subject approved 12th April, 1875, and requires practitioners to have a good moral character, a thorough elementary education, and comprehensive knowledge of human anatomy, physiology, pathology, chemistry, materia medica, obstetrics, and the practice of medicine, surgery

and public hygiene. Its remaining sections are as follows:—

SECTION 2.—It shall be unlawful, after the passage of this act, for any person to announce himself or herself as a practitioner of medicine, surgery, or obstetrics, or to practice the same, who has not received, in a regular manner, a diploma from a chartered medical school, duly authorized to confer upon its alumni the degree of Doctor of Medicine. *Provided*, That this shall not apply to any resident practitioners of medicine, surgery, or obstetrics, who have been in such continuous practice in this commonwealth for a period of not less than five years previous to the passage of this act.

SECTION 3.—Before any person shall engage in the practice of medicine, surgery, or obstetrics in this Commonwealth, where he has no regular diploma, or has not been in continuous practice for five years, such person shall make affidavit, under oath or affirmation, before the Prothonotary of the county where such person intends to practice, setting forth the name and location of the institution from which such person has received a degree of doctor of medicine, and the date thereof; or in case such person has not received such degree, the time of continuous practice, and the place or places where such practice was pursued in this Commonwealth; thereupon the Prothonotary shall enter the same on record in a book specially provided therefor, to be kept in his office, and open to the inspection of the public, and for such service he shall receive the sum of two dollars, to be paid by the affiant, one-half for the use of the county.

SECTION 4.—Any person who shall attempt to practice medicine or surgery for valuable consideration, by opening a transient office within this Commonwealth, or who shall, by handbill or other form of written or printed advertisement, assign such transient office or other place to persons seeking medical or surgical advice or prescription, or who shall itinerate from place to place or from house to house, and shall propose to cure any person sick or afflicted by the use of any medicine, means, or agency whatsoever, for a valuable consideration, shall, before being allowed to practice in this manner, appear before the Clerk of the Court of Quarter Sessions of the county wherein such person desires to practice, and shall furnish satisfactory evidence to such Clerk that

the provisions of this act have been complied with, and shall, in addition, take out a license for one year, and pay into the county treasury, for the use of such county, the sum of fifty dollars therefor, whereupon it shall be the duty of such Clerk to issue to such applicant a proper certificate of license, on payment of the fee of five dollars for his services.

SECTION 5.—Any person who shall violate or fail to comply with any of the provisions of this act shall be deemed guilty of misdemeanor, and, on conviction before any court, shall be sentenced to pay a fine not less than \$200 nor more than \$400 for each and every such offence, for the use of the county wherein such misdemeanor is committed.

The sort of opposition which the bill met with may be judged from the remarks of Senator Chestnut, from Cumberland county. This enlightened Statesman made a speech against the bill, declaring that it would only benefit a clique of doctors, at the expense of the people. What the citizens wanted was, not so much men with diplomas in their pockets, as those with brains in their heads. The diplomas were, at the best, only *prima facie* evidence that their owners had gone through a systematic course; that they had listened to lectures which professors had stolen the night before from medical books. The medical schools afforded no particular benefit, except through their dissecting rooms, and what a country student gained from them was likely to be counterbalanced by the corrupt air of the great cities, which affected his moral character. The true doctor merely assisted nature, and the same, or an equally good result, was to be obtained, in nine cases out of ten, by the application of patent medicines, which were carefully compounded, cheap, and easily obtained, and were in use by probably one hundred thousand families in the State.

After this remarkable specimen of eloquence and good sense, the bill was ordered to be printed. There is some doubt how far it will get this session; but we pray to be spared further such evidence of wisdom as that quoted.

NOTES AND COMMENTS.

"Digestine."

Dr. J. M. Dallam, of this city, writes us an incident of an irregular practitioner using a strong soup of gizzards in a prolonged attack of vomiting and purging, with prompt success, thus supporting Dr. Shelly's views.

Endocarditis from Gonorrhœa.

In the *Archives Gen. de Medecine*, December, 1876, Dr. Marty sums up what he believes is known concerning this rare affection, as follows: 1. Gonorrhœa may be complicated with inflammation of any of the serous membranes, acting directly upon them. 2. Rheumatism is by no means a necessary intermedium of the specific lesion of the serous membrane, although the co-existence of the two complications most commonly occurs. 3. The organism, when attacked, reacts according to its predisposition. 4. Cardiac complications are very rare; the aortic orifice seems to be the one most frequently attacked. 5. This specific endocarditis presents the same symptoms and the same dangers as simple endocarditis. 6. The endocardium seems to be as often attacked as the pericardium, if not oftener.

The Fluid of Peritoneal Effusions.

In describing some researches on this subject, M. Méhu, of Paris, states that, in general, the prognosis is worse in cases in which the fluid contains little, than in those in which it contains much solid. It was found that the liquid of an ovarian cyst contained a large quantity of solid matter, and the ascitic effusion from solid tumors pressing on the portal vein contained a larger quantity than those which resulted from disease or general dropsy. Almost all the liquids due to cancerous tumors had an icteric tint, and contained bile, and this the author noticed also in cases of cirrhosis of the liver. He believed that in many, although not in all cases, the chemical analysis of the liquid gives evidence of its origin in an ovarian cyst, or in the peritoneal cavity.

A New Poison.

The *Medical Press and Circular* says the Garden of Acclimatization of Paris has received several specimens of one of the most interesting of the flora of Rio Nunez—the Teli.

The tree is an almost unknown species, and produces one of the most violent of existing poisons, which has recently been tried with success in several cases of tetanus. The Teli grows from sixty to eighty feet high. Its wood is very hard and close, and is much sought after for the building of boats, in consequence of its resistance to decay.

Its bark affords a violent poison. In important lawsuits among the aborigines of the country, and when the proof of the case by evidence fails, teli is administered as an infusion, as an "ordeal" to both the parties to the cause. He who survives is declared innocent, but almost always both die. No antidote is known, but the natives combat its effects by means of the bark of the *boullé-béle*, a species of acacia which produces abundant vomiting.

Gallie Acid in Urino-Genital Diseases.

In a letter from Dr. R. B. Boynton, of Massachusetts, the writer remarks:—The use of gallic acid has proved so effectual in my practice in certain affections of the urinary organs, particularly albuminuria, incontinence of urine, and hæmaturia, that I was early led to the use of it in cases of impotency and spermatorrhœa. I use a saturated solution of the acid, table-spoonful three times daily, and Squibb's fluid extract of ergot at night, together with a well regulated regimen.

CORRESPONDENCE.

Scrofula in the Negro Race.

ED. MED. AND SURG. REPORTER:—

By the repetition of the request of Dr. W. R. P., of Virginia, I am induced to write this article for the REPORTER. Having been reared with and among a large negro population, I claim to understand their habits and proclivities as well as most men of my age, and I have been called upon to treat quite a number of this class of unfortunate creatures who were afflicted with scrofula. But to one cognizant of their mode of living, it is no matter of surprise that they (the negro race) should be so scourged with this disease. They often congregate and sleep in mere hovels, that have not one hundred feet of air to each inhabitant. Their houses very often have but two openings, a door and a fireplace. On account of the poverty of the race, they cannot receive a generous or expensive treatment, and the physician is compelled to resort to as cheap means as possible, and oftentimes we are obliged to adopt the root and herb system of practice. It is almost an impossibility to get them to observe Sir James Clark's

fifth rule, "The hours of rest should extend from sunset to sunrise," as they are so nomadic at night.

In regard to treatment, we must first, as Bennet justly observes, "look to the pabulum which ministers to the nutrition of the body itself, through the channel of the blood." Especially in the negro do we find an impoverished condition of the blood, from poor food and bad air. I find, from experience, that their first ailment is dyspepsia, they invariably complain of an inability to eat their food. My first and chief aim is to gain their confidence (the negro is a perfect creature of imitation and superstition). The following is my chief reliance as a remedy:—

R	Tinct. phytolacca decandra,	℥iij
	Tinct. iodine	℥i
	Nitro-muriatic acid	℥i
	Water	℥ij

Shake and take one teaspoonful three times a day.

If there is any cough, I use the iodo-hydrargyrate of potassium of the U. S. D., in five-drop doses, three times daily. With proper hygienic regulations, as to keeping skin clear, and the above remedies, I have effected some remarkable cures, never forgetting to lift the veil of superstition off their darkened mental vision. I could give a list of cases treated, if necessary, including the babe of one month and the old man of sixty. C. H. FORT, M. D.

Adams Station, Tenn.

Salicylic Acid in Acute Rheumatism.

ED. MED. AND SURG. REPORTER:—

A. McK., aged 35, was the subject of an attack of inflammatory rheumatism, in November, 1875.

November 22d. I was called at ten o'clock in the forenoon, and found my patient in bed, suffering severely and unable to move. Told me this was the third attack in four years. The attack previous to this lasted for eleven weeks. Had been taking gum guaiac, in brandy, for two weeks, but kept getting worse. I put him on the alkaline treatment, with tonics, nourishing diet, etc.; applied chloroform liniment to the swollen and painful joints, and rolled them up in cotton-batting.

November 23d. The joints hot, swollen, and exceedingly painful. Was perspiring freely. Temperature 102°. Pulse 110; tongue thickly coated; bowels constipated; urine high-colored and scanty.

December 10th. Patient greatly depressed in spirits; the joints still swollen, hot and painful; urine scanty; bowels constipated; tongue coated; pulse 100. Having noticed, in the cases which I saw reported, of the use of salicylic acid in this disease, that the relief was almost immediate, I resolved to try it. All previous treatment was discontinued, and I ordered ten grains of salicylic acid, in gelatine capsules, every two hours.

December 11th. Found patient feeling much better; the pain and tenderness was subsiding; bowels had moved once; pulse 90; tongue slightly coated; urine scanty.

December 13th. Found patient lying on his side, pain all gone, but the joints felt stiff. Had slept nearly all night; urine not so highly colored; pulse 80; temperature 98°. Ordered the medicine every four hours, for the next twenty-four hours.

December 14th. Patient sitting up in a chair and able to walk very slowly around the room; bowels regular; pulse 80; urine more profuse and not so dark.

December 20th. Patient able to walk several rods out of doors, joints a little stiff, feels weak, but gradually recovering strength, appetite good, bowels regular, no pain or tenderness. There has been no return of the disease and no ill effects caused by the medicine. There was no other medicine used while using the salicylic acid, and no local applications. The only disadvantage with the medicine was a considerable irritation of the mouth and throat, and a hot burning sensation in the stomach.

CASE 2.—Lizzie K., aged thirteen, had been suffering for several days with severe pain in both lower extremities. I first saw her at seven o'clock in the evening; ordered three-grain doses of salicylic acid every two hours. Saw her again next day; pain nearly all gone, and feeling quite comfortable. Did not see her again for several days, when I met her on the street. She was up working in the house in four days from commencement of the salicylic acid, and has had no return of the disease.

CASE 3.—O. B. W., aged twenty-two, was subject to an attack of inflammatory rheumatism, in March, 1876, affecting the right lower extremity. Ordered him seven grains salicylic acid every two hours. In twenty-four hours the pain and tenderness had all disappeared, but the joints felt stiff. Discontinued the medicine, and in twenty-four hours pain and tenderness in left elbow and wrist. Ordered the salicylic acid as before, and the next day was all right and has had no return of the disease since. After taking two or three doses, patient complained of nausea, but no vomiting, and as soon as the medicine was swallowed, a terrible burning sensation in the stomach. To relieve the burning sensation, I ordered oatmeal gruel, which relieved it almost immediately.

Sheboygan, Mich.

T. A. PERRIN, M. D.

—Dr. R. A. McLean has taken editorial charge of the "Western Lancet."

—Dr. Prokop von Rokitsansky, one of the sons of the famous Vienna pathological professor, has been appointed Professor of Medicine at Innsbruck.

—M. Emmanuel Moiana, lately deceased, has bequeathed to the city of Paris the sum of one million francs, 500,000 to be devoted to the construction of a hospital, 500,000 to be invested for its endowment.

NEWS AND MISCELLANY.

The Alabama Medical Law.

The following Act was approved by the Governor of Alabama, February 9, 1877. The copy was kindly furnished us by Dr. C. H. Franklin, of that State. As will be seen, it differs widely from the Act proposed in this State:—

SECTION 1. Be it enacted by the General Assembly of Alabama, That no person except those proposing to practice some irregular system of medicine shall be permitted to practice medicine in any of its branches or departments, as a profession and means of livelihood in this State, without having obtained a certificate of qualification from some authorized board of medical examiners, as hereinafter provided.

SEC. 2. Be it further enacted, That no person shall be permitted to practice any irregular system of medicine, in any of its branches or departments, as a profession or means of livelihood in this State, without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry, and the mechanism of labor, from some authorized board of medical examiners, as hereinafter provided.

SEC. 3. Be it further enacted, That the board of censors of the medical association of the State of Alabama, organized according to the constitution of the said medical association of the State of Alabama which was adopted at its annual meeting at the city of Tuscaloosa in March, 1873, and the boards of censors of the several county medical societies which are in affiliation with the said medical association of the State of Alabama, and organized in accordance with the provisions of the constitution just mentioned, be, and are hereby constituted the authorized boards of medical examiners referred to in the first section of this act.

SEC. 4. Be it further enacted, That the standard of qualifications required of persons desiring to practice medicine in this State, together with the rules for the government of the authorized boards of medical examiners, shall be such as may be determined from time to time by the said medical association of the State of Alabama, in accordance with the provisions of its said constitution of 1873.

SEC. 5. Be it further enacted, That every diploma or certificate of qualification authorizing any person to practice medicine in this State, which shall be issued by any authorized board of medical examiners, shall be presented to the probate judge of the county in which said person resides, who shall officially endorse the same, and seal it with the seal of the county, and who shall also cause a full and fair copy of the same to be made in a well bound book to be kept for that purpose, and called the register of licensed practitioners of medicine, and for this service he shall be entitled to a fee of one dollar; Provided, That said medical association nor any board of censors in affiliation with it shall not be allowed to charge any fee for any diploma

or certificate of qualification which may be granted by it.

SEC. 6. Be it further enacted, That any person practicing medicine in this State in violation of any of the provisions of this act shall be guilty of a misdemeanor, and upon conviction thereof before any court having competent jurisdiction shall be fined in the sum of not more than one hundred dollars for every such offence, and if the fine so imposed be not immediately paid, said person shall be imprisoned in the county jail for not more than one year for every such offence.

SEC. 7. Be it further enacted, That all persons who shall be legally engaged in the practice of medicine in any county of this State, before the organization of the board of medical examiners in said county, all persons who at any time have been legally engaged in the practice of medicine in this State, and who are now authorized to practice medicine in this State, shall be entitled to the certificate of the board of medical examiners, and to be inscribed in the register of licensed practitioners of medicine, without examination as to qualification.

SEC. 8. Be it further enacted, That the provisions of this act shall take effect in any county of this State, whenever the board of medical examiners for said county shall have been organized as hereinbefore provided, and the fact of such organization officially communicated to the probate judge of said county by the board of censors of the medical association of the State.

SEC. 9. Be it further enacted, That none of the provisions of this act shall apply to females who now are or may hereafter be engaged in the practice of midwifery, provided said females practice no other branch or department of medicine.

Items.

—The *Lyon Médical* relates the case of a married woman living in Paris who has just given birth to a triplet, comprising her twenty-second, twenty-third, and twenty-fourth children. This woman, in the course of her married life of nine years, has given birth to twenty-four children, all born three at a time and in perfect health. This remarkable family party consists entirely of girls.

—The *Chicago Tribune* says of the ravages of scarlet fever in that city: "Notwithstanding the clearer skies, better air and brighter sunlight, it does not abate; on the other hand, it daily enlarges its bounds and attacks new victims, raging not only in the low and filthy parts of the city, but also in the clean and wholesome sections."

—The fifty-ninth annual report of the Board of Managers of the Northern Dispensary of Philadelphia, for the Medical Relief of the Poor, shows that during the past year 18,684 patients were attended to, and 35,267 prescriptions put up.

For Sale.

A complete copy of Braithwaite's *Retrospect*, 1840-1876, handsomely bound in half morocco, 36 volumes, is offered for sale low. Address the Editor of the *REPORTER*.

Personal.

—Dr. P. J. Prendergast, formerly of this city, but now Coroner of Luzerne county, has been completely vindicated from the charges made against him last summer.

—Dr. Pollard, of St. Louis, recently committed suicide, according to his own written statement, to solve his doubts in relation to a future state.

—Dr. Erasmus Wilson, the eminent dermatologist of London, has contracted for the removal of the obelisk known as Cleopatra's Needle from Alexandria to the former city. The cost will be \$50,000.

—We regret to announce the death, on February 19th, of Dr. C. E. Buckingham, professor of obstetrics in Harvard University. He took his degree of A. B. at Harvard in 1840, and was graduated from the medical department in 1844. He was chairman of the Committee of Ethics of the Massachusetts Medical Society, where he did much efficient service.

QUERIES AND REPLIES.

—Dr. W. W. Pennell, Nashville, Ohio, desires the address of Dr. S. Albright, formerly Surgeon Second Ohio Artillery.

Learn, Pa.—*Dystocia*, difficult labor. *Endothelium*, the single layer of flat cells which form the inner membrane of blood vessels. *Serosa*, serous or watery membranes.

Conjunctivitis.

Georgia recommends C. R. (current volume p. 142) to give five drops tinctura phytolaccae four times daily, and a few drops in the eye daily of the same, one fluid drachm to one fluid ounce of simple syrup.

Impotence.

Dr. S. F. Newcomet, of Ohio, writes: In several obstinate cases I have found slight and unsuspected urethral strictures. In all such the stricture must be effectually removed before any kind of medication will avail. Infuse the mind of your patient with a conviction of ultimate cure, and it will be a valuable factor in the securing of that end.

DEATHS.

FREEMAN.—At Woodbridge, N. J., February 4th, 1877, Ellis B. Freeman, M. D., in the seventieth year of his age.

HOLYOKE.—Thomas Holyoke, M. D., died at his residence, in Grinnell, Iowa, on the 16th of February, 1877, aged sixty years. His death resulted from paralysis of seventeen hours' duration.

TROWBRIDGE.—On the 30th ultimo, Mary D., wife of Dr. Richard S. Trowbridge, and daughter of the late Isaac Coles, of New York.

TURNER.—Suddenly, on the 22d ultimo, William Mason Turner, Jr., son of Dr. William Mason and Hannah A. Turner, aged 19 months and 13 weeks.